



**Indiana Supreme Court  
Indiana Office of Court Services  
Adult Guardianship Office**

**2020 VASIA MATCHING GRANT APPLICATION  
REQUIRED DOCUMENTS CHECKLIST**

In order to expedite the grant review and fund distribution process, please submit the documents in the following order to the Indiana Supreme Court Adult Guardianship Office post-marked by Friday, November 8, 2019 so that we can review your eligibility to receive Supreme Court Adult Guardianship Office matching grant funds for 2020. Please make certain that all documents are included, and presented in the following order before submitting your grant application packet. All documents must be mailed since original signatures are required. Please do not fax or email the documents to our office as we do not need multiple copies. Faxed or emailed copies will not be accepted. Instructions to assist you in completing the application form are enclosed.

- ☐ **This Checklist Page** (Signed by the Program Director/Coordinator)
- ☐ **Matching Grant Application Form with Attached Narrative** (Signed by the Judge(s) and Program Director/Coordinator)
- ☐ **Completed 2020 Proposed Budget Form** (You must use the enclosed form—please do not create one of your own. Please be sure to include your program name on your budget form, and only use an “additional personnel” page if necessary)
- ☐ **Documentation of Local Match** (As outlined in paragraphs 6 and 8 of the grant application)
- ☐ **Memorandum of Understanding with the local trial Court**
- ☐ **Completed 2020 Code of Ethics and Program Standards Form** (Signed by the Program Director/Coordinator and President for the Governing Body, if applicable)
- ☐ **Completed Grant Agreement Form** (Signed by the Program Director/Coordinator)
- ☐ **Completed Grant Terms and Conditions Form** (Signed by the Program Director/Coordinator and President for the Governing Body, if applicable)

---

Name of Program

---

Printed Name of Program Director/Coordinator

I have read the above checklist, and have enclosed all of the required documents in this grant application packet.

---

Signature of Program Director/Coordinator



**Indiana Supreme Court  
Indiana Office of Court Services  
Adult Guardianship Office**

251 N. Illinois Street, Suite 800 Phone: 800.542.0813  
Indianapolis, IN 46204-3417 Fax: 317.233.6586

**INSTRUCTIONS FOR COMPLETING  
THE 2020 SUPREME COURT ADULT GUARDIANSHIP OFFICE  
MATCHING GRANT APPLICATION**

1. **COUNTY**-The name of the county or counties you serve for which you are applying for matching grant funds should be listed here.
2. **SUPERVISING JUDGE/COURT**-Please supply the name of the primary judge who hears GU cases in each county your program serves.
3. **PROGRAM NAME AND ADDRESS**-Please submit the full physical mailing address for your program. We prefer to have the physical address, rather than a P.O. Box.
4. **PROGRAM DIRECTOR/COORDINATOR**-List the name of the person in charge of your local program who is completing the grant application.
5. **CERTIFICATION**-If your program is staffed by at least one person who is certified as a National Certified Guardian as certified by the Center for Guardianship Certification, National Guardianship Association, indicate this by marking YES on the application. If your program is not yet employing a National Certified Guardian, or you are planning on starting a volunteer program in 2020, please indicate this by marking NO on the application. Regardless of the program's employees' or volunteers' certification status, your application should be completed as much as possible, and returned to the State Office postmarked no later than Friday, November 8, 2019.
6. **MONEY AVAILABLE FOR YOUR PROGRAM'S MATCH FOR 2020**- This is the amount of matching funds you have available to match grant funds from the Supreme Court. The match may be in the form of county funds, or other local county resources, and in-kind services. Each program must match at least 50% of the amount requested (of which half of the match may be in the form of in-kind services). So, for example, if your agency desired a grant of \$20,000, you would need to have at least \$5,000 in county cash and up to \$5,000 in in-kind services can be used to match the grant amount.

This year, new and developing VASIA programs can request up to \$50,000, and existing VASIA programs can request up to \$75,000. Amounts awarded to new and existing VASIA programs will be based on a number of factors, including but not limited to: 1) the number of seniors/incapacitated adults currently served (or projected to be served), 2) the number of volunteer advocates recruited and trained (or projected to be recruited and trained), 3) program expansion plans, 4) the budget submitted with the grant application and the reasonableness of the amounts being requested, and/or 5) whether the program has complied with and completed all of the prior grant terms, as determined by members of the Indiana Office of Court Services' Grant Review Committee.

**7. NARRATIVE REQUIREMENT-**Please attach additional paper to the application, and completely answer each question in the format listed on the application. For example:

**7a.** “The funds provided by this grant, along with the match, will allow our program to increase the number of volunteers, and the number of seniors or incapacitated adults served by...”

**7b.** “In response to the question as to whether the funds being received will enable our program to provide a volunteer for every senior or incapacitated adult ...etc.”

Please follow this format, labeling, and responding to each question as it appears on the application. Following this format will expedite the grant review process of all the grant applications. Please respond in complete sentences and provide all of the information requested on the application.

**8. OTHER ATTACHMENTS**

**8a. 2020 Proposed Budget Form.** Please use the form included in the grant application packet and do not submit a different form of your own. A common error made by matching grant applicants is that the budget submitted is not *at least* the amount of the grant offered *and* the local match.

**8b. Documentation of local county cash match, and 8c., Documentation of in-kind contribution.** Please attach documentation confirming the amount, and source, of the local county cash match for your VASIA program. If you need to provide documentation of any in-kind services, please include a letter, on your program’s letterhead, with the ratio, value of, and type of in-kind contribution that your program, or the court, is providing to meet the match requirement.

**8d. Memorandum of Understanding with the Court.** A sample MOU has been included in the grant application packet that can be used as guide to create an MOU with the court with appropriate probate jurisdiction to fit your local situation. Please attach an MOU between your program and the court that outlines the duties and responsibilities of each party and includes the signatures of the Program Director/Coordinator and Judge(s).

**8e. 2020 Code of Ethics and Program Standards Form.** Please sign and initial the form included in the grant application document and do not submit a different form of your own.

**8f. Grant Agreement Form.** Please sign the form included in the grant application document and do not submit a different form of your own.

**8g. Grant Terms and Conditions Form.** Please sign the form included in the grant application document and do not submit a different form of your own.



**2020 APPLICATION FOR SUPREME COURT  
ADULT GUARDIANSHIP OFFICE MATCHING FUNDS**

**Indiana Supreme Court  
Indiana Office of Court Services  
Adult Guardianship Office**

251 N. Illinois Street, Suite 800 Phone: 800.542.0813  
Indianapolis, IN 46204-3417 Fax: 317.233.6586

1. County/Countries: \_\_\_\_\_

2. Judge(s)/Court(s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

3. Program Name: \_\_\_\_\_

Physical Address  
of Program:

\_\_\_\_\_

\_\_\_\_\_

4. Program Director/Coordinator: \_\_\_\_\_

5. Is your program currently staffed by at least one National Certified Guardian as certified by the Center for Guardianship Certification? If yes, please identify that person or those people:

\_\_\_\_\_yes \_\_\_\_\_no

**Name(s) of certified staff member(s):** \_\_\_\_\_

**Date(s) of certification:** \_\_\_\_\_

6. Total Amount VASIA funding requested for 2020:

\$\_\_\_\_\_ (fill in amount)

7. Total Amount of VASIA funding remaining from 2019:

\$\_\_\_\_\_ (fill in amount)

## 8. NARRATIVE REQUIREMENT

Please answer the following narrative questions that will help us to determine your eligibility to receive these grant funds. **Please attach a separate piece of paper with your responses, and list your responses by their corresponding letter as listed below.**

- a. How will these grant funds be used to increase the number of volunteer advocates and the number of seniors and incapacitated adults served in your county/each county your program serves? Please include specific expansion plans you may have, such as additional recruitment activities or trainings, the hiring of additional staff, etc.
- b. Will the funds that you are receiving this year enable you to provide a volunteer advocate for every senior or incapacitated adult in every Adult GU case in your county/each county your program serves? If not, why not? Please explain what you would need to be able to serve all the seniors and incapacitated adults in your county/each county your program serves, and include specifics such as the number of volunteers, staff, additional funding, and other resources needed in order to do so.
- c. If you are a prior VASIA grant recipient, do you have any remaining funds which are not otherwise encumbered from last year's grant award? If so, how much?
- d. How much in local match funding is available for your program? List the total amount, and source, of the local match for your VASIA program and attach any documentation confirming the amount, and source, of the local match for your VASIA program. *(Please note: Each program must match at least 50% of the amount requested, of which half of the match may be in the form of in-kind services documentation confirming the amount, and source, of the local county cash match for your VASIA program).*
- e. How many additional (if any) seniors or incapacitated adults do you expect to be able to serve with the matching grant funds you are receiving this year?
- f. How many Adult GU cases, if any, do the program director/coordinator and each staff member currently have on their own caseloads in which they are personally serving as the senior or incapacitated adult's volunteer advocate? *(This means there is no volunteer advocate on the case, and the director and/or staff member is the actual volunteer advocate on the case, and has regular out of court contact with the seniors and incapacitated adults and provides written reports to the court).*
- g. Does the program director/coordinator or the staff monitor cases that do not have a volunteer advocate assigned to them?

- h. If your program does monitor cases that do not have a volunteer advocate assigned to them, what does the monitoring consist of? Do you solely review paperwork, or do you also attend court hearings and/or other meetings? If applicable, please explain in detail what type of monitoring you provide.
- i. Does your program currently have a waiting list? How many seniors and incapacitated adults without volunteer advocates are currently on your waiting list? If you provide monitoring by staff (as mentioned above), do you count these wards as part of the waiting list? Does your court assign ALL Adult GU cases to your program? If not, how are these seniors and incapacitated adults being served (attorney/professional guardian, other volunteer advocate, other)?
- j. Does your program accept cases other than Adult GU cases? If so, what types of other cases, and how many, do the director and each staff member currently have on their caseload in which they are serving as the senior's or incapacitated adult's volunteer advocate and there is no other volunteer advocate on the case? ***(Please note: VASIA funding can only be used to support Adult Guardianship cases. Any other services provided by your program, outside of Adult Guardianship cases, will have to be supported by outside funding and not through the use of VASIA funding).***
- k. How many active (currently assigned to a case, or currently unassigned but available to take a case) volunteers does your program have at the present time? How many of them are certified by the Center for Guardianship Certification?
- l. Does your program use a case management system? (i.e., Excel, etc.) If so, what case management system does your program currently use to track guardianship cases?
- m. Describe your program's recruitment, screening, and training procedures for adult volunteer advocates. Identify who is responsible for their supervision and how adult volunteer advocates are supervised.
- n. Describe how your program complies with IC 29-3-8.5-12 in order to avoid a conflict of interest. What policies and procedures are in place? Please attach copies of your policies and procedures.
- o. Describe in detail what services your program's adult volunteer advocates will provide to seniors and incapacitated adults. Will they act as health care representatives? Representative payees? Please describe any and all such activities.
- p. Describe your program's system for providing continuing education for volunteer advocates in order to ensure they remain in compliance with the Model Code of Ethics for Guardians and National Guardianship Association Standards of Practice for Guardians.

- q. Describe your program's system for providing continuing education for staff in order to ensure they remain in compliance with the Model Code of Ethics for Guardians and National Guardianship Association Standards of Practice for Guardians.
- r. Describe your program's system for compliance with the National Guardianship Association Standards for Agencies and Programs Providing Guardianship Services.
- s. Does your program offer guardianship services for the person, for the estate, or for both the person and the estate?
- t. Explain whether your program duplicates or overlaps with any existing guardianship services offered by other programs or agencies, including other corporate or non-profit guardianship programs, in each county you serve.
- u. Does the court with probate jurisdiction in your county contract with or appoint any other agencies or programs, besides yours, to supply these adult guardianship services to incapacitated adults or seniors who are indigent or who have no family members who are able to provide the services?
- v. If you are a prior recipient of VASIA funds through the Indiana Supreme Court, has your program been able to fulfill the terms required by the grant and Code of Ethics and Program Standards (including the timely submission of quarterly reports to the Adult Guardianship Office and/or expanding the program's volunteer base by at least 10 individuals)? If not, please explain.

## **9. OTHER ATTACHMENTS**

- a. Your 2020 proposed budget (on the form provided).
- b. Documentation of local county cash match.
- c. Documentation of local in-kind contribution.
- d. Memorandum of Understanding with the local trial Court (signed by Program Director/Coordinator and Judge(s)).
- e. 2020 Code of Ethics and Program Standards Form (signed by Program Director/Coordinator and President for the Governing Body, if applicable)
- f. Grant Agreement Form (Signed by the Program Director/Coordinator)
- g. Grant Terms and Conditions Form (Signed by the Program Director/Coordinator and President for the Governing Body, if applicable)

*By signing below, I hereby affirm and certify that this county has a volunteer adult guardianship program under I.C. 29-3-8.5-1, et. seq. and that these funds and the required matching funds provided to the court with appropriate jurisdiction will be used solely for the operation of the volunteer adult guardianship program to serve seniors and incapacitated adults.*

\_\_\_\_\_  
Printed Name of Judge(s)

\_\_\_\_\_  
Signature of Judge(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Director/Coordinator's Printed Name

\_\_\_\_\_  
Program Director/Coordinator's Signature

\_\_\_\_\_  
Date

**Mail Application to:**

**Erica Costello  
Indiana Supreme Court  
Indiana Office of Court Services  
Adult Guardianship Program  
251 N. Illinois Street, Suite 800  
Indianapolis, IN 46204**

**DEADLINE:**

**Applications must be postmarked  
by Friday, November 8, 2019.**

**\*Original Signature Required/Do Not Fax or Email This Document**